

OPERATING PLAN

For Commercial Outfitters

This Operating Plan is what BLM uses to decide whether to issue you a permit. Once the permit is issued, this plan along with your compliance with permit stipulations will be evaluated at the end of the year.

COMPANY: _____ **DATE:** _____

Check all items that apply and fill in the blanks with details. If additional space is needed, attach supplemental pages. If a section does not apply, indicate with N/A.

- 1. Company Information:** (Circle one) Individual Partnership Corporation
- a. Owner/Partner(s) Names: _____
- b. Phone number where messages are regularly picked up:
Phone: (____) _____ email: _____
- c. Other contact if you are unavailable (emergencies only:
Name: _____ Phone: (____) _____
- d. Do you use radio communications for operations or emergencies? Yes No
- e. If yes, what frequencies do you use? _____ _____ _____ _____
- f. Year company was established: _____ Years with current owner: _____
- g. What services does your company offer that is unique for clients/visitors on public lands?

- 2. Estimate the amount and season of use expected this year.** This can be done by day, week, season, month, or type of activity. Attach another sheet if needed.

<u>Activity</u>	<u>Begin</u>	<u>End</u>	<u>Est. Total No. of Client Days</u>	<u>Location</u>
_____	_____	to _____	_____	_____
_____	_____	to _____	_____	_____
_____	_____	to _____	_____	_____
_____	_____	to _____	_____	_____
_____	_____	to _____	_____	_____
_____	_____	to _____	_____	_____

3a. Upland Outfitting (Check all that apply):

Guide Services: Deer/Elk _____ Lion/Bear _____

Packing Services (camps, game, etc.): _____

Horse and Pack Animal Rental/Delivery _____

Services for People with Disabilities (Describe): _____

Other (Describe): _____

b. Duration: _____ Day Use _____

c. Are you proposing to set up temporary facilities, caches, or staging facilities? Yes No

Please list by Township, Range, Section, and subdivision to nearest 40 acre parcel.

<u>Location</u>	<u>Dates of Use</u>	<u>BLM, USFS or Private</u>
_____	_____ to _____	_____
_____	_____ to _____	_____
_____	_____ to _____	_____
_____	_____ to _____	_____

d. Are you proposing to set up base camp or spike/drop camps? Yes No
If yes, please complete the following and describe facilities that you are providing for each:

	<u>Dates of Use</u>	<u>BLM, USFS or Private</u>
Location: _____	_____ to _____	_____
Facilities: _____		
Location: _____	_____ to _____	_____
Facilities: _____		
Location: _____	_____ to _____	_____
Facilities: _____		

Camps and facilities are subject to BLM Area Manager's approval

e. Are you requesting authorization to camp more than 14 days at one place? Yes No

Location: _____ to _____

Location: _____ to _____

5. Pack and Riding Animals

Do you provide riding horses? Yes No

Do you provide pack animals? Yes No

Type(s) available (Write in No.): Horses _____ Mules _____ Other _____

Describe how animals are fed, watered, and controlled when on public lands (corrals, tethers, etc.)

6. Transportation

List all vehicles used – trucks, buses, vans, trailers, ATVS, snowmobiles, etc.:

<u>Year</u>	<u>Make</u>	<u>Model</u>	<u>Type</u>	<u>Color</u>	<u>License or OHV</u>	<u>State</u>	<u>Registration No.</u>
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

7. Food/Beverages

a. Do you provide food? Yes No

Check if provided: Breakfast _____ Lunch _____ Dinner _____ Snacks _____

b. Cooking facilities (Check all that apply):

Stove _____ Wood Fire _____ Charcoal Fire _____ Firepan _____

c. Do you provide potable water? Yes No

Bottled Water _____ Filter _____ Boiled _____ Chemicals _____ Other _____

8. Sanitation

Toilets (Check: Pit ____ Portable ____ Chemical ____ Carryout ____ Other ____)

If human waste is carried out, please describe:

9. Safety and Rescue Information

Check safety and rescue equipment carried on each trip (Indicate number of items or all that apply)

First Aid Kits ____ First Aid Station ____ Signaling Devices ____ PFDs ____

Fire Extinguisher ____ Spare Motor ____ Throwable Rescue Device ____

Other: _____

10. Background Information

a. List other permitted areas (Include agency and office location):

b. In the past two years, have you or any of your company representatives or employees been convicted of a federal, state, or local violation in connection with guide/outfitting operations or associated activities? Yes No

Have you had a BLM or USFS permit denied, suspended, or revoked? Yes No

If yes to either question, explain:

11. Persons that are authorized to represent your business:

List the name, address, and position of **ALL** employees, guides, part time, and contracted help.

PRINT NEATLY

[illegible]

List must be updated within 2 weeks of hiring or firing employees

I certify that the information given by me in this application is true, accurate, and complete to the best of my knowledge. I acknowledge that I (we) am (are) required to comply with requirements and stipulations on form 8370-1 and any additional stipulations that are required by the authorized officer when the permit is issued. I further understand that the provision of false information, or the failure to keep this Operating Plan or other permit information updated, are grounds for probation, suspension, or revocation of the permit.

Permittee

Date: _____